



# Child Abuse Victims with Disabilities First Responder Training Program

REGISTER ONLINE: [www.IVATcenters.org](http://www.IVATcenters.org)

**Lake County, CA**  
**October 30, 2008**

## Registration Form

### REGISTRANT INFORMATION (Please PRINT or TYPE your name as you want it to appear on your name badge)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ ☐ Male ☐ Female

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

Do you need an interpreter or have other special needs? Please note if you require a vegetarian lunch: \_\_\_\_\_

### TRAINING REGISTRATION FEES

*Lunch and Refreshments Included. CE Credits additional.*

☐ Early Registration (prior to October 20, 2008) .....\$30

☐ CE credits additional .....\$10

☐ Registration Onsite .....\$40

☐ CE credits additional .....\$15

### PAYMENT INFORMATION

☐ Same as registrant information above

Billing Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

☐ **CREDIT CARD:** (Visa or MasterCard only) ☐ Visa ☐ MasterCard

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card (Please Print) \_\_\_\_\_

Signature (Required) \_\_\_\_\_

☐ **CHECK** ☐ **P.O.** # \_\_\_\_\_

Make checks payable to "Institute on Violence, Abuse and Trauma "

### PROFESSIONAL DISCIPLINE

- |  |   |
|--|---|
| <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Paramedic(s)   |
| <input type="checkbox"/> Prosecutor(s)             | <input type="checkbox"/> Firefighter(s) |
| <input type="checkbox"/> Law Enforcement           | <input type="checkbox"/> Medical        |
| <input type="checkbox"/> Other _____               |   |

**REGISTER BY MAIL** Mail your form and check to:

**Institute on Violence, Abuse and Trauma**  
10065 Old Grove Road  
San Diego, CA 92131

**REGISTER BY FAX** (858) 527-1743  
**Credit Card and PO only**

**REGISTER ONLINE** [www.IVATcenters.org](http://www.IVATcenters.org)

### CANCELLATION POLICY

- All cancellations must be received in writing by Oct. 20, 2008.
- A \$5 fee will be retained for processing costs.
- Cancellation requests received Oct. 21, 2008 or later will not be honored.

### QUESTIONS?

**Call:** (858) 527-1860 x4310  
or **Email:** [ivatsp@alliant.edu](mailto:ivatsp@alliant.edu)



### OFFICE USE ONLY

**REG #** \_\_\_\_\_

**DATE RECEIVED** \_\_\_\_\_